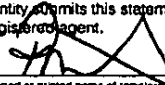


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

01-31-2005 90068 017 ***150.00

DOCUMENT # F02000002012 1. Entity Name COGNISA SECURITY, INC.					
Principal Place of Business 2000 RIVEREDGE PKWY - SUITE GL100 ATLANTA, GA 30328			Mailing Address 2000 RIVEREDGE PKWY - SUITE GL100 ATLANTA, GA 30328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 36-4492572			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 1-26-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BADHAM, KEITH 2000 RIVEREDGE PKWY - SUITE GL100 ATLANTA, GA 30328	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUMNER, JOHN 2000 RIVEREDGE PKWY - SUITE GL100 ATLANTA, GA 30328	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HOGSTEN, MIKE 2000 RIVEREDGE PKWY - SUITE GL100 ATLANTA, GA 30328	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ETHERIDGE, PAUL M 2000 RIVEREDGE PKWY - SUITE GL100 ATLANTA, GA 30328	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:  DATE: 3/4/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

1/

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01252005 Chg-P CR2E034 (10/03)